



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E307511**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-00374
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	03
OBJECT STRUCK	MISC OBJECT OR DEBRIS ON ROAD

DATE OF COLLISION	02 - 14 - 2014	TIME (2400)	1726	COUNTY #	31	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	OF	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

STATE ROUTE 9 BLOCK NO. ☐ MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ S ☐ W ☐ OF (REFERENCE OR CROSS STREET) S. LAKE STEVENS ROAD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 4258761611
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LAST NAME	FERKINGSTAD	FIRST NAME	MATHEW	MIDDLE INITIAL	B
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STREET NEW ADDRESS 1910 99 AVE SE

CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	FERKIMB170D3	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	03	-	23	-	1983
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	B39134T	STATE	WA	VIN#	1FTPW14594FA31145
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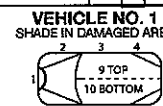
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2004	MAKE	FORD	MODEL	F150	STYLE	PK	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	INSURANCE ECONOMY PREFERRED INS. COM. 7874616030
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VEHICLE LEGALITY STANDINGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	NONE	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS ☐

CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY		-		-	
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	8424VR	STATE	WA	VIN#	184BU1012AC009311
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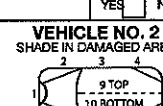
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	EGIL	MODEL	UTILITY	STYLE	UT	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MATHEW FERKINGSTAD 1910 99 AVE SE LAKE STEVENS WA 98258 D: 4258761611

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	INSURANCE ECONOMY PREFERRED INS. COM. 7874616030
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VEHICLE LEGALITY STANDINGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	ROBERT MINER	BADGE OR ID #	095	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E307511**

CASE # **14-00374**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		RICHARDSON VICKIE M																
ADDRESS & PHONE #		114 ALDER GRANITE FALLS WA 98252 4257918279																
SEX		F		D.O.B. MMDDYYYY		12		12		1953								
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES NECK AND BACK
NAME (LAST, FIRST, MIDDLE INITIAL)		RICHARDSON JOHN T																
ADDRESS & PHONE #		114 ALDER GRANITE FALLS WA 98252 4257918279																
SEX		M		D.O.B. MMDDYYYY		04		14		1983								
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES NECK AND BACK
NAME (LAST, FIRST, MIDDLE INITIAL)		RICHARDSON THOMAS M																
ADDRESS & PHONE #		202 ALDER GRANITE FALLS WA 98252 3603480222																
SEX		M		D.O.B. MMDDYYYY		05		17		1975								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit #1 was pulling utility trailer Unit #2 which had a load of 22 sheets of drywall. Unit #1 and #2 were stopped at the stop sign east bound S. Lake Stevens Rd waiting to turn left (northbound) onto State Route 9. Unit #3 was driving southbound on State Route 9 approaching the intersection of S. Lake Stevens Rd. As Unit #1 and #2 made its turn onto northbound State Route 9, the load of drywall came out of Unit #2 and spilled onto State Route 9 in the southbound lane. Unit #3 came up to the intersection of S. Lake Stevens Road, they did not see the debris in the roadway until it was too late. Unit #3 hit the drywall in the road and jumped into the air, (like off a ramp). All occupants of Unit #3 were transported to the hospital with neck and back pain. When asked, driver of Unit #1 stated the drywall was laying flat in the trailer and secured with one tie down strap and string provided by Home Depot. This collision was caused by the load in Unit #2 not properly secured, which resulted of Unit #2 losing the load onto the roadway. Unit #3 was towed by Rescue Towing.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

02-15-14 02:38 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

2/15/2014 2:44:12 AM

BADGE OR ID #

095

ORI #

WA0311900

TIME POLICE DISPATCHED

5:27 PM

TIME POLICE ARRIVED

5:29 PM



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E307511**

CASE # **14-00374**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		DAVIS WILLEMINA P																	
ADDRESS & PHONE #		114 ALDER GRANITE FALLS WA 98252 3603480222																	
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		EVANS CHRIS J																	
ADDRESS & PHONE #		10224 112 ST NE ARLINGTON WA 98223 4253467968																	
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Unit #1 was pulling utility trailer Unit #2 which had a load of 22 sheets of drywall. Unit #1 and #2 were stopped at the stop sign east bound S. Lake Stevens Rd waiting to turn left (northbound) onto State Route 9. Unit #3 was driving southbound on State Route 9 approaching the intersection of S. Lake Stevens Rd. As Unit #1 and #2 made its turn onto northbound State Route 9, the load of drywall came out of Unit #2 and spilled onto State Route 9 in the southbound lane. Unit #3 came up to the intersection of S. Lake Stevens Road, they did not see the debris in the roadway until it was too late. Unit #3 hit the drywall in the road and jumped into the air, (like off a ramp). All occupants of Unit #3 were transported to the hospital with neck and back pain. When asked, driver of Unit #1 stated the drywall was laying flat in the trailer and secured with one tie down strap and string provided by Home Depot. This collision was caused by the load in Unit #2 not properly secured, which resulted of Unit #2 losing the load onto the roadway. Unit #3 was towed by Rescue Towing.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER		02-15-14 02:38 AM			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		PLACE SIGNED	
APPROVED BY ROBERT MINER 095		DATE 2/15/2014 2:44:12 AM			
BADGE OR ID #	095	ORI #	WA0311900	TIME POLICE DISPATCHED	5:27 PM
				TIME POLICE ARRIVED	5:29 PM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E307511**

CASE # **14-00374**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # USDOT ICC # VEHICLE TYPE CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE AXLES GVWR FLACARD ☐ + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **3** MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4254429251**

LAST NAME **JEFFERSON** FIRST NAME **DENICE** MIDDLE INITIAL **R**

STREET NEW ADDRESS **9011 14 PL SE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **JEFFEDR438J4** STATE **WA** SEX **F** D.O.B. **MMDDYYYY 04 - 24 - 1957**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **7** NATURE OF INJURIES **BACK AND NECK**

LICENSE PLATE # **215XLT** STATE **WA** VIN# **1FAPP34N17W357441**

TRAILER PLATE # STATE TRAILER PLATE # STATE

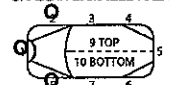
VEH. YEAR **2007** MAKE **FORD** MODEL **FOCUS** STYLE **SD** VEHICLE TOWED YES ☒ NO ☐ TOWED BY **RESCUE TOWING** GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # **NATIONWIDE INSURANCE COMPANY OF AMERICA PPNM0021813614-0**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



UNIT # MOTOR VEHICLE ☐ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. **MMDDYYYY** - -

ON DUTY ☐ STATUS ☐ AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

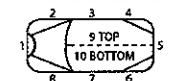
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

02-15-14 02:38 AM

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATE:

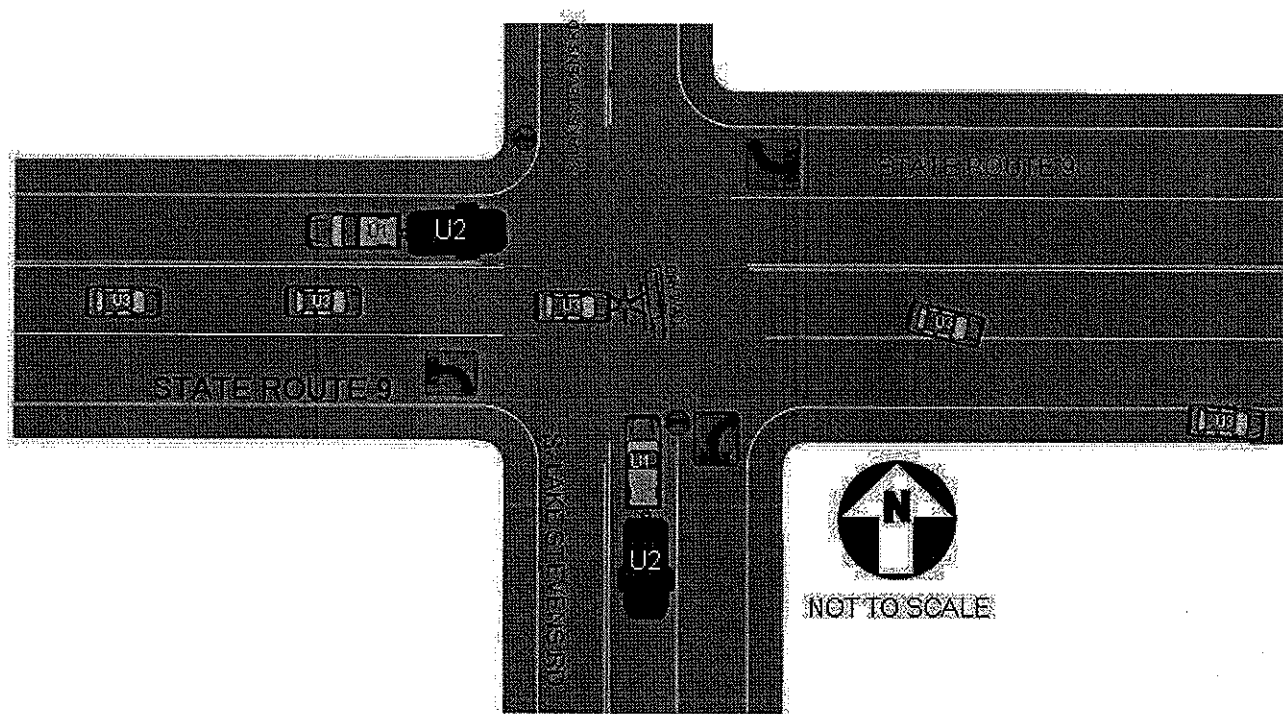
PLACE SIGNED

BADGE OR ID # **095** ORI # **WA0311900**

APPROVED BY **MINER**

DATE **2/15/2014**

PAGE **4** OF **5**



ADDITIONAL NARRATIVE

<small>AGENCY NAME</small> LAKE STEVENS POLICE DEPARTMENT	<small>INCIDENT CLASSIFICATION</small> VEHICLE COLLISION	<small>INCIDENT NUMBER</small> 14-00374
<small>NAME OF VICTIM(S)</small>		

OFFICER:

On the date and time of this incident I was wearing a full Lake Stevens Police Department issued duty uniform which includes shoulder department patches and a chest badge which clearly identified me as a law enforcement officer. On the date and time of this incident I was operating a marked Lake Stevens Police Department patrol vehicle. On the date and time of this incident I had legal authority to arrest. I have been a city of Lake Stevens Police Department Police Officer for 14 years.

FOLLOW UP NARRATIVE:

On 02/14/2014 at about 1739 hours (all times approximate) I assisted on a vehicle traffic collision in the area of South Lake Stevens and SR 9 NE in the city of Lake Stevens.

Upon arriving at the scene I began taking digital images of the collision scene and the vehicles involved. The digital images were later saved onto a CD-R and logged as evidence, then secured in an evidence drop bin at the Lake Stevens Police Department.

While on scene I received information that a pickup towing a trailer had an improperly secured load of sheetrock (22 pieces of 1/2"x4'x12' Ultra light type sheetrock) and had lost part of the load in the southbound lane of SR 9 as it traveled eastbound from South Lake Stevens Road onto SR 9. A southbound traveling passenger car then struck the load in the southbound lane of travel; a 55mph speed zone. Three occupants in the southbound passenger car, that had collided with the debris in the roadway, had been transported to an area hospital.


I also paced the distance from the intersection, where the load had been lost, to the location where the southbound passenger car had stopped, after colliding with the debris in the roadway, on the southbound shoulder of SR 9. The distance was paced to be 375 feet.

This concludes my participation in the collision scene.

END OF REPORT.

**LSPD
ORIGINAL**

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

<small>OFFICER NAME / NUMBER</small> W. AUKERMAN/#72	<small>APPROVED BY</small> 
--	--

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER

14-374

VICTIM / WITNESS

NON-DISC ☐

NAME (LAST, FIRST MIDDLE)

Evans Chris John

RACE

ETH

SEX

DOB

06-01-90

AGE

STREET ADDRESS

10224 112th st ne

CITY

Arlington

STATE

WA

ZIP

98001

RES STATUS

HOME PHONE

425 346 7968

CELL PHONE

PLACE OF EMPLOYMENT

WORK PHONE

EMAIL ADDRESS

I, Chris Evans, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I pulled up to the stop sign at hwy 9 and noticed that there was a pile of drywall in the road so I turned into the turn lane stopped to help the guy load it back in his truck when a car came speeding through and hit the pile of drywall in the road. Then I helped the guy load up the drywall.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

Chris Evans

DATE SIGNED

2-14-14

LOCATION SIGNED

Lake Stevens

OFFICER/NUMBER:

DATE SIGNED

LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-374

Richardson M Thomas												VICTIM / WITNESS			
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE)						RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
									M	5-17-75					
STREET ADDRESS						CITY			STATE		ZIP		RES. STATUS		
202 A NORTH Alder Ave						Granite Falls			WA		98262				
HOME PHONE						CELL PHONE				PLACE OF EMPLOYMENT					
										SSI					
WORK PHONE						EMAIL ADDRESS									

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I Thomas M Richardson was falling my ~~ANT~~ ANT MY mom & BROTHER THE TRUCK LOST SOME SHEET ROCK ON THE ROAD I ~~sobled~~ sobled down my ANT went AIR BORN IN THE AIR THAT WERE ALL IN THE SAME CAR THERE WAS NO WORKING FLARS NO FLASHER TO WORK OUTHER DRIVERS

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

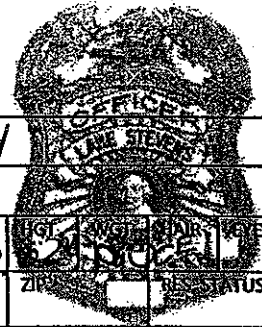
SIGNATURE: Thomas M Richardson		DATE SIGNED: 2-14-14	LOCATION SIGNED: LAKE STEVENS
OFFICER/NUMBER:		DATE SIGNED:	LOCATION SIGNED:

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 14-374

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>FERKINGSTAD, MATHEW, BRIKE</u>	RACE <u>WHT</u>	ETH <u>WHT</u>	SEX <u>M</u>	DOB <u>03/23/83</u>	AGE <u>30</u>	HT <u>5'10"</u>	WT <u>180</u>	HAIR <u>BROWN</u>	EYES <u>BROWN</u>
STREET ADDRESS <u>1910 9th Ave SE</u>		CITY <u>LAKE STEVENS</u>		STATE <u>WA</u>		ZIP <u>98251</u>		STATUS <u>RESIDENT</u>		
HOME PHONE <u> </u>		CELL PHONE <u>425-876-1611</u>			PLACE OF EMPLOYMENT <u> </u>					
WORK PHONE <u>SAME</u>		EMAIL ADDRESS <u> </u>								

I, , DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was heading Home From Home Depot turning left on Highway 9 IN the Left turn lane on S. Highway 9 before 20th St. and The sheetrock ~~was~~ ~~to~~ Slided out of my trailer so I stopped and made a Quick U-turn and Puled to the side of the road facing North on Highway 9 and cars were stopping and as soon as I got out of my truck a car was going really fast and hit the sheetrock in ~~the~~ the road. and caught air and pulled ~~up~~ off to the side of Highway 9 up about 200 feet from where the sheetrock was on the Highway

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Matthias</u>	DATE SIGNED <u>2/14/14</u>	LOCATION SIGNED <u> </u>
OFFICER/NUMBER: <u> </u>	DATE SIGNED <u> </u>	LOCATION SIGNED <u> </u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE OF

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>AUGERMAN #72</i>			Case Number <i>14-00374</i>		
Type of Crime: <u>Felony/Misdemeanor (Circle)</u>			Type of Case: <i>COLLISION</i>			Date/Time: <i>2-14-2014</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # <i>WA 1</i>	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber				(Further Description)			
	Serial #		Where Found		Weight of Narcotic			
Action # <i>3</i>			<i>S. LIK STEVEN / SR 9 SE</i>					
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions <i>PICS</i>								Barcode goes here

Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber				(Further Description)			
	Serial #		Where Found		Weight of Narcotic			
Action #								
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here

Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber				(Further Description)			
	Serial #		Where Found		Weight of Narcotic			
Action #								
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here

Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber				(Further Description)			
	Serial #		Where Found		Weight of Narcotic			
Action #								
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here

Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber				(Further Description)			
	Serial #		Where Found		Weight of Narcotic			
Action #								
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here

Evidence Control Use Only:								
Received by Evidence:			NCIC/WACIC ✓		Date:		CAD/RMS Checked	
Name: _____ # _____			NCIC/WACIC +		Date:		Owner Letter Sent:	
Date: _____ Time: _____			NCIC/WACIC -		Date:		Owner Letter Sent:	

ROUTING:

White: Property Room

Yellow: Case File

LSPD ORIGINAL

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

14-00374

TOW / IMPOUND
AND INVENTORY RECORD

Foted
 2/15/14
 2/15

VEHICLE INFORMATION

VIN

1 F 4 F P 3 4 N 1 7 W 3 5 7 4 4 1

LICENSE

215XLT

STATE

WA

YEAR

07

MAKE

Ford

MODEL

Foc

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

40R

COLOR

GOLD

DRIVER

NAME (LAST, FIRST, MI)

JEFFERSON, DENICE R.

STREET ADDRESS

9011 14 R SE

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 98258

PHONE

DOB

4/24/57

REGISTERED OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 2/14/14 AT _____ (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE RESCUE TOWING (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 2500 STATE ROUTE 9 SE, LKS

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO.

545 007

DATE

2/14/14

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	FRONT R FRONT R SIDE R REAR L FRONT L SIDE L REAR REAR TOP UNDERCARRIAGE OTHER _____ 		

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

DRIVER INVOLVED IN ACCIDENT,
TRANSPORTED

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

COUNTY, WA

SNOWMISM

BADGE NO.

115

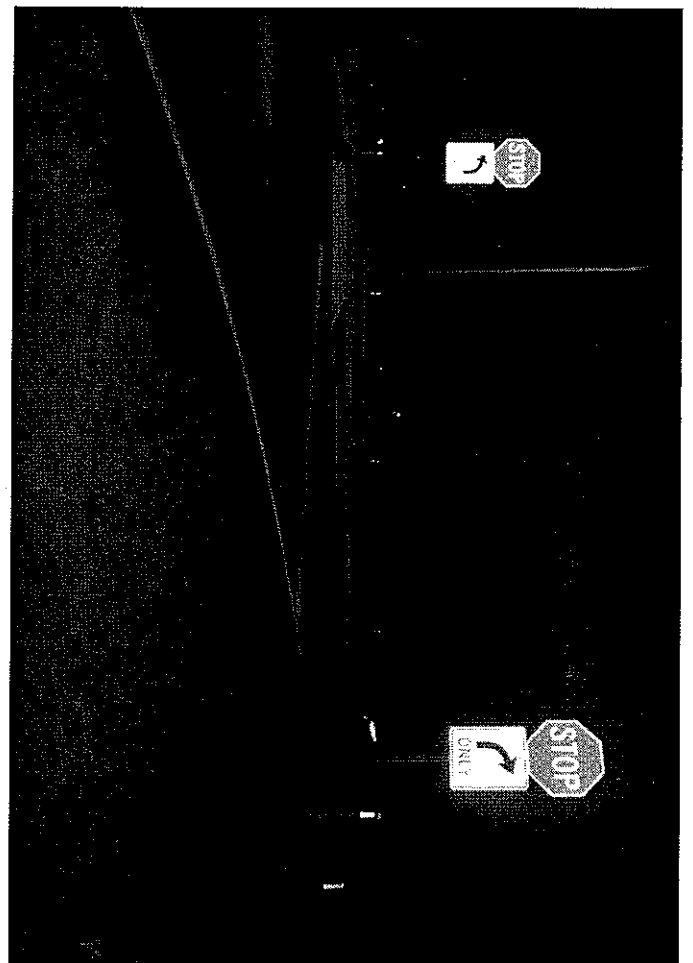
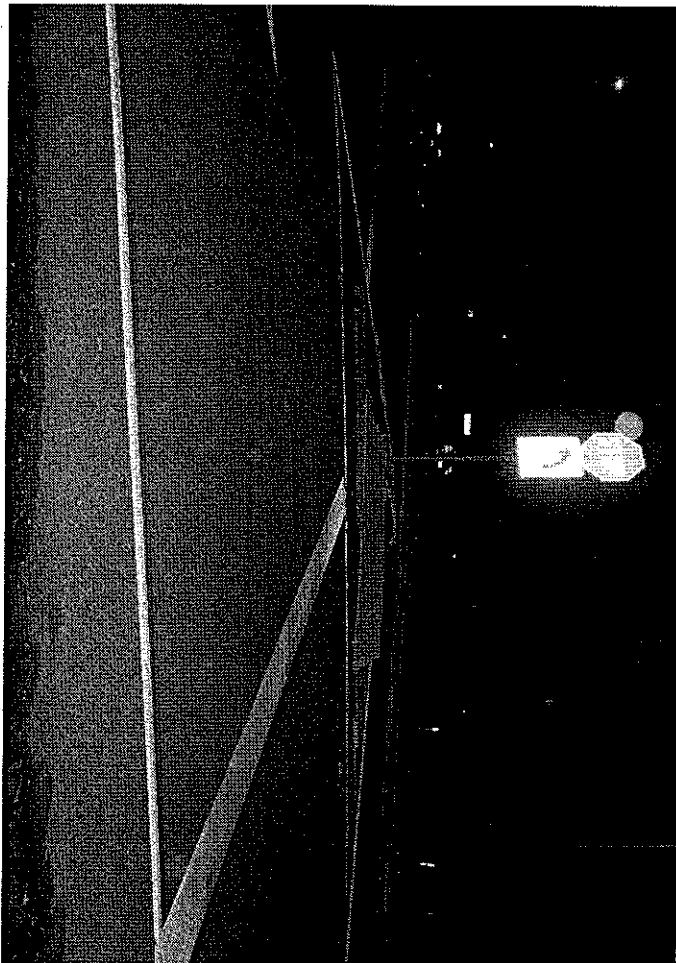
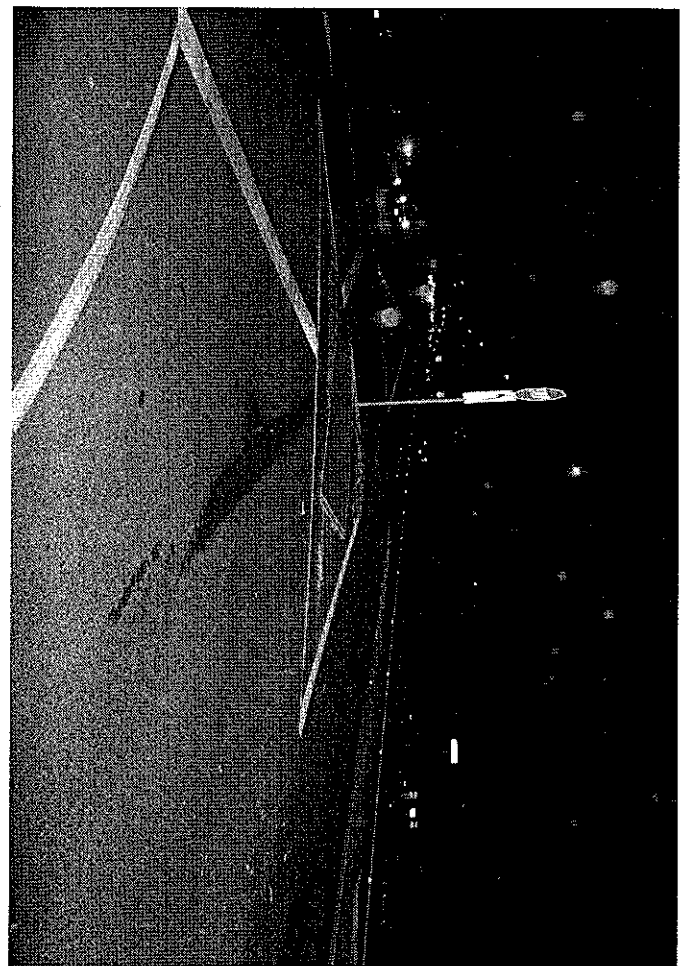
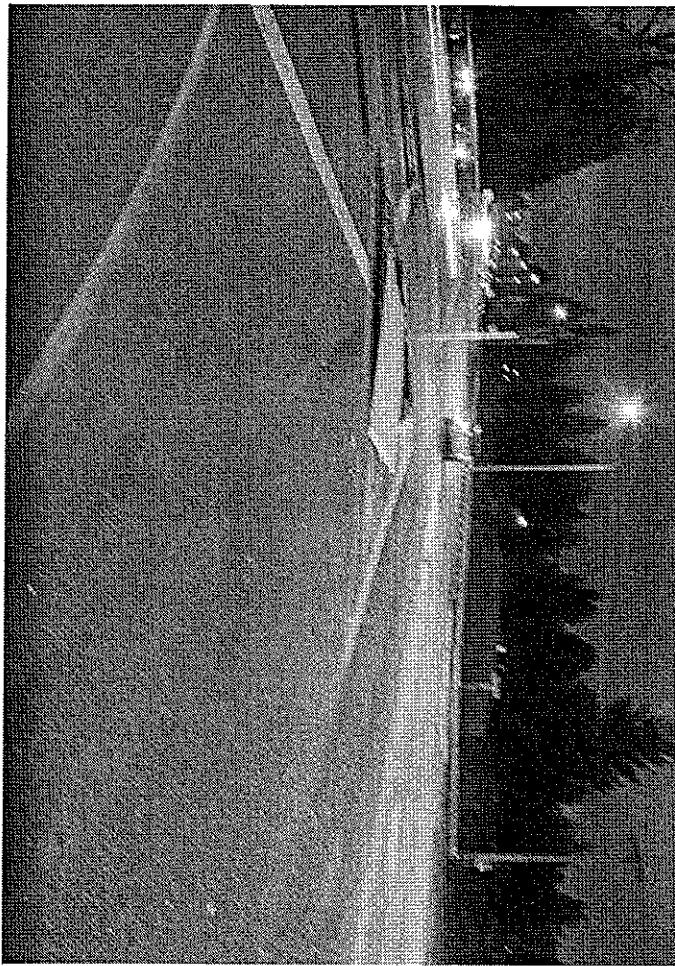
DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

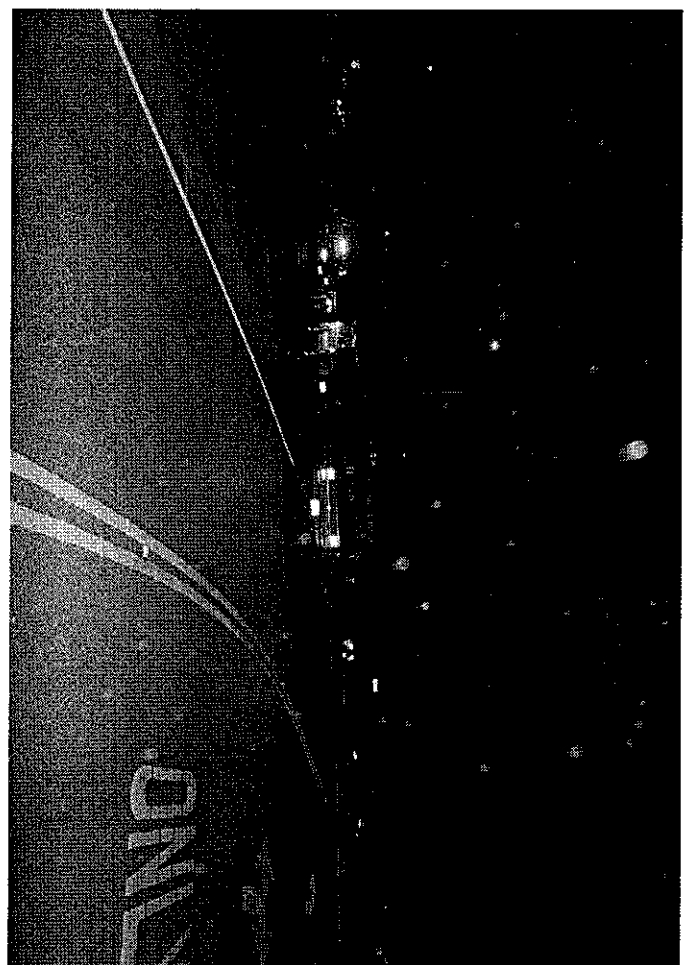
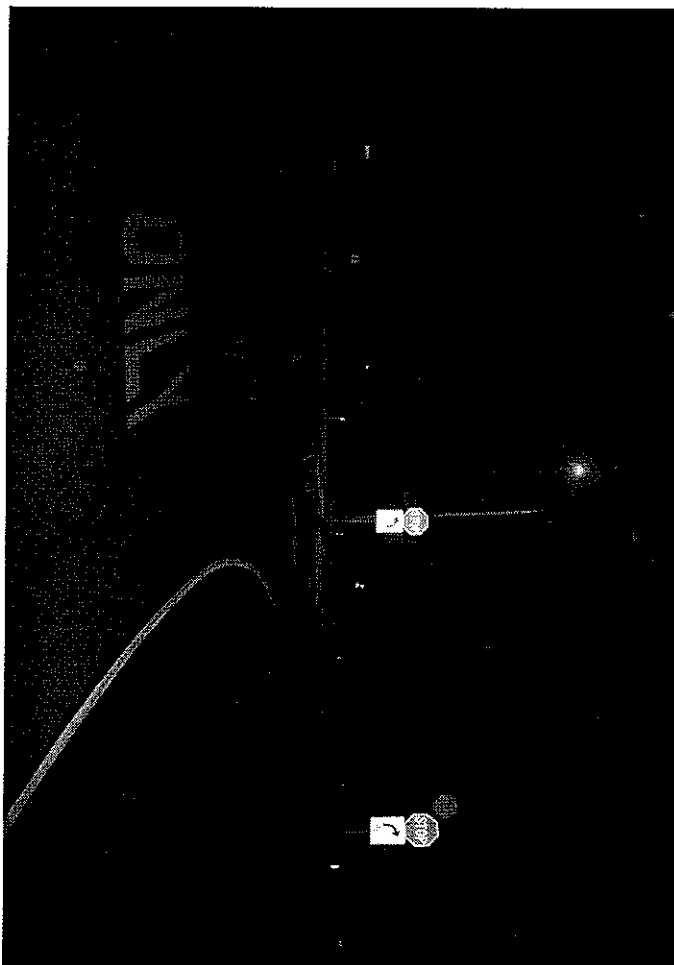
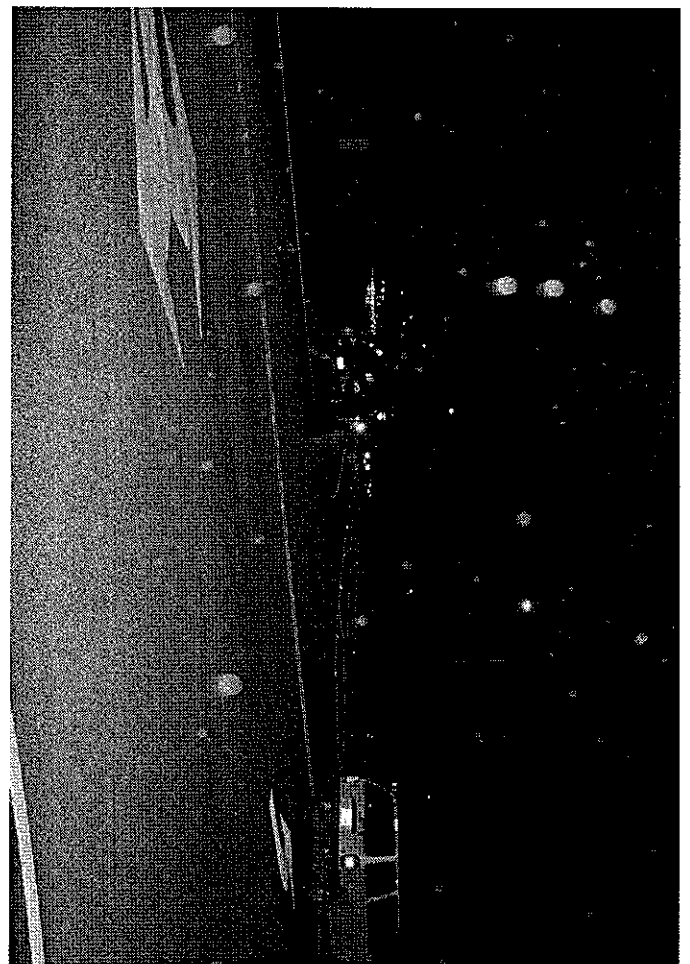
DRIVER'S SIGNATURE

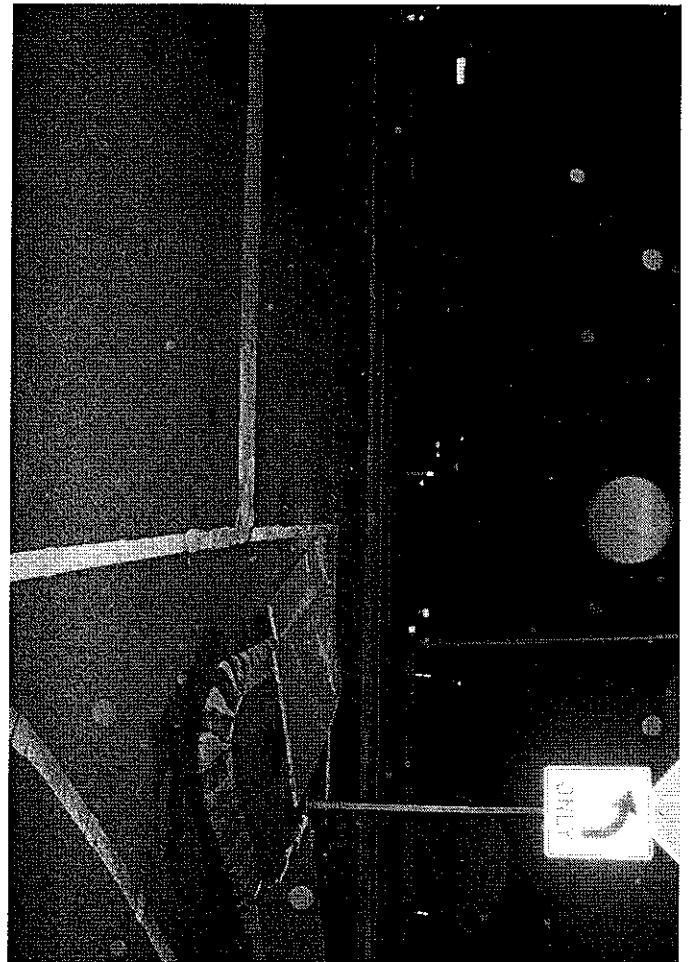
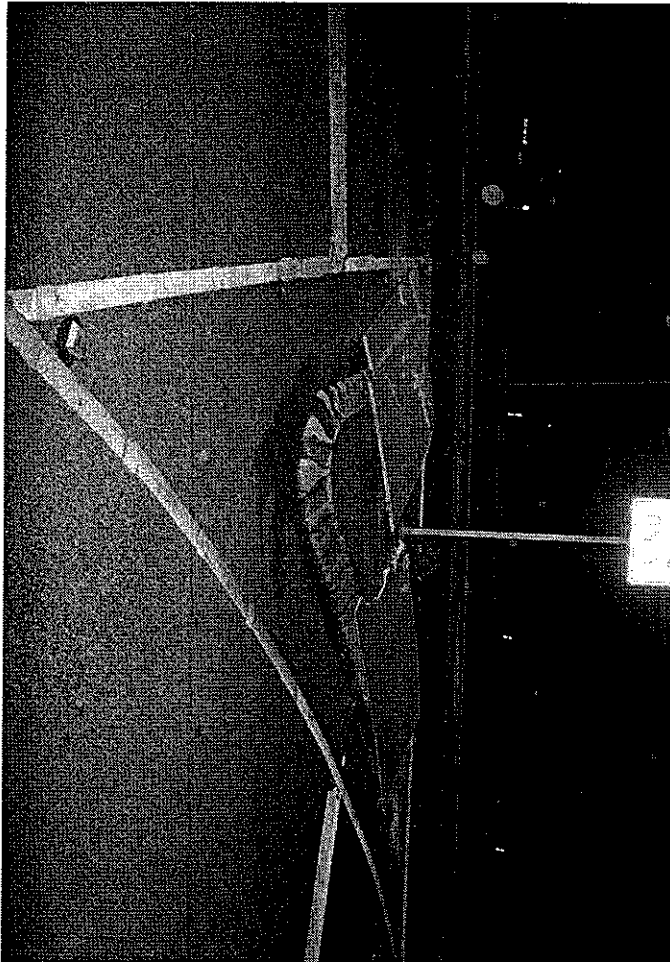
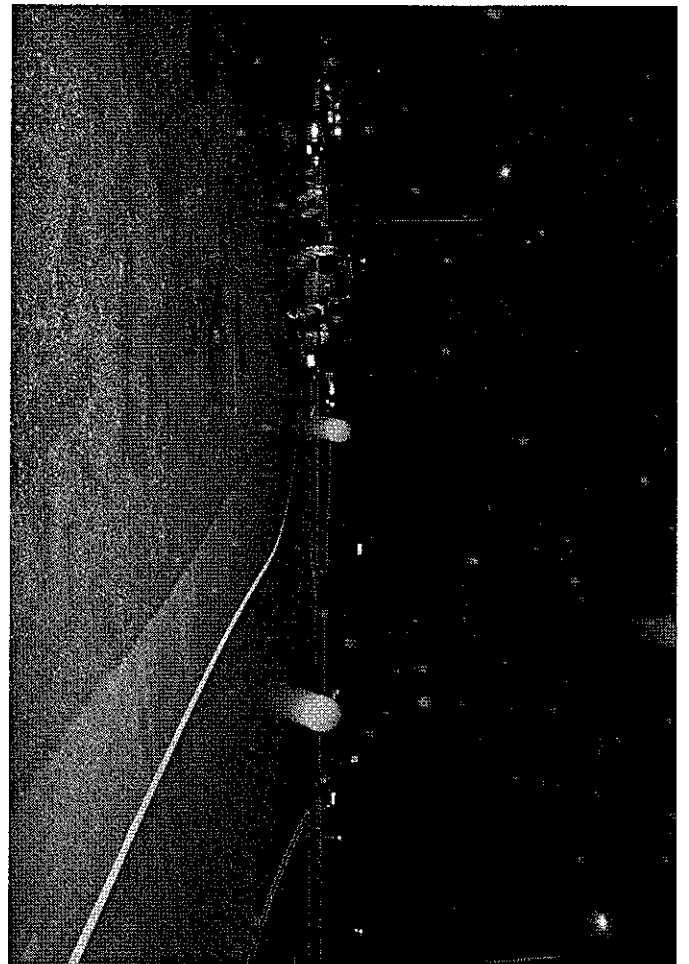
X

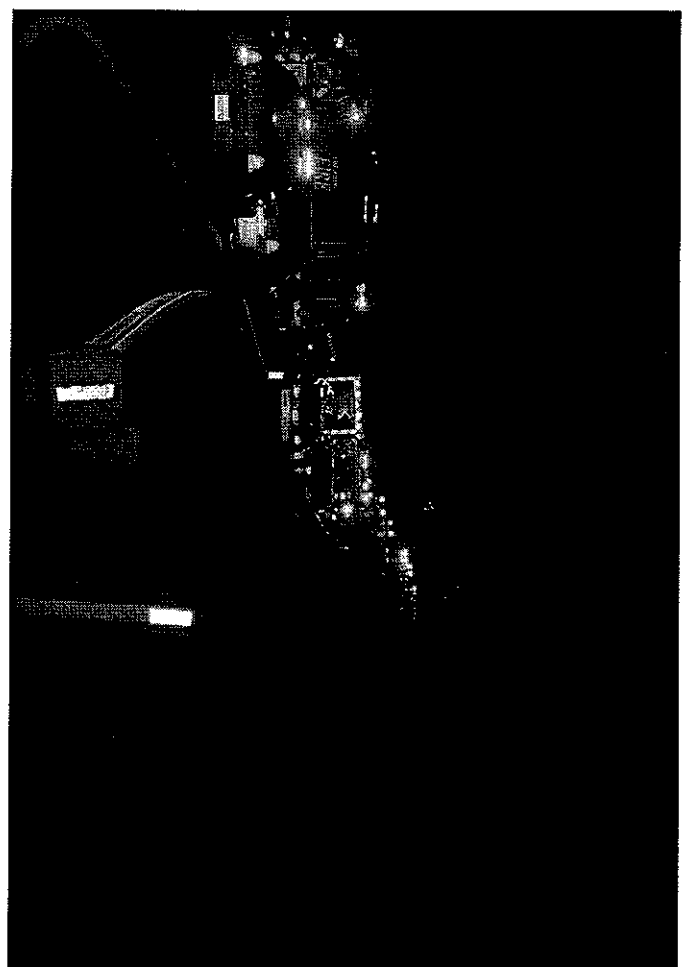
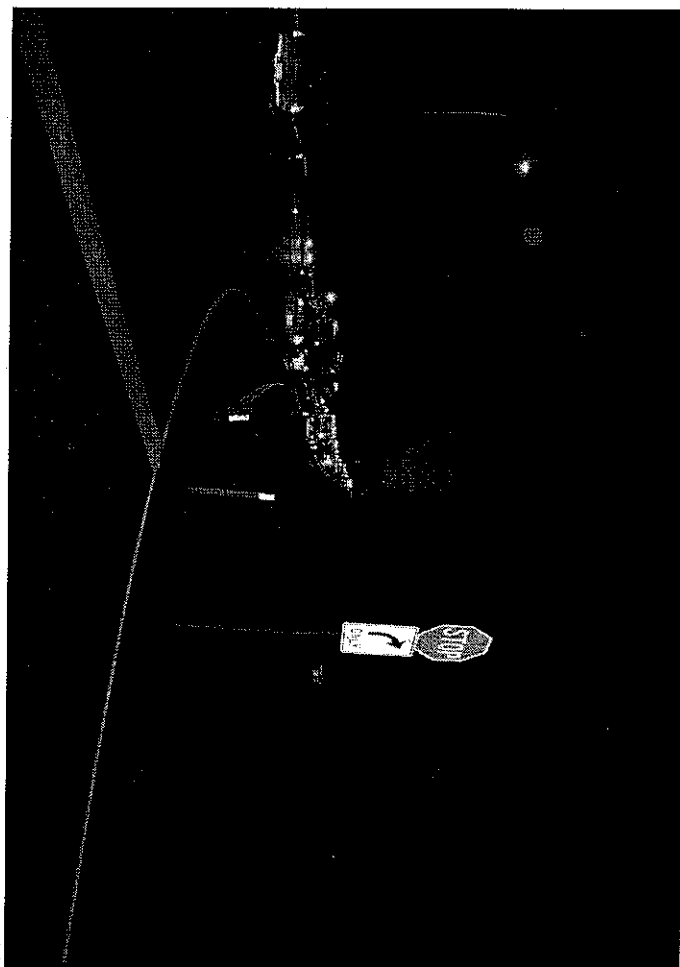
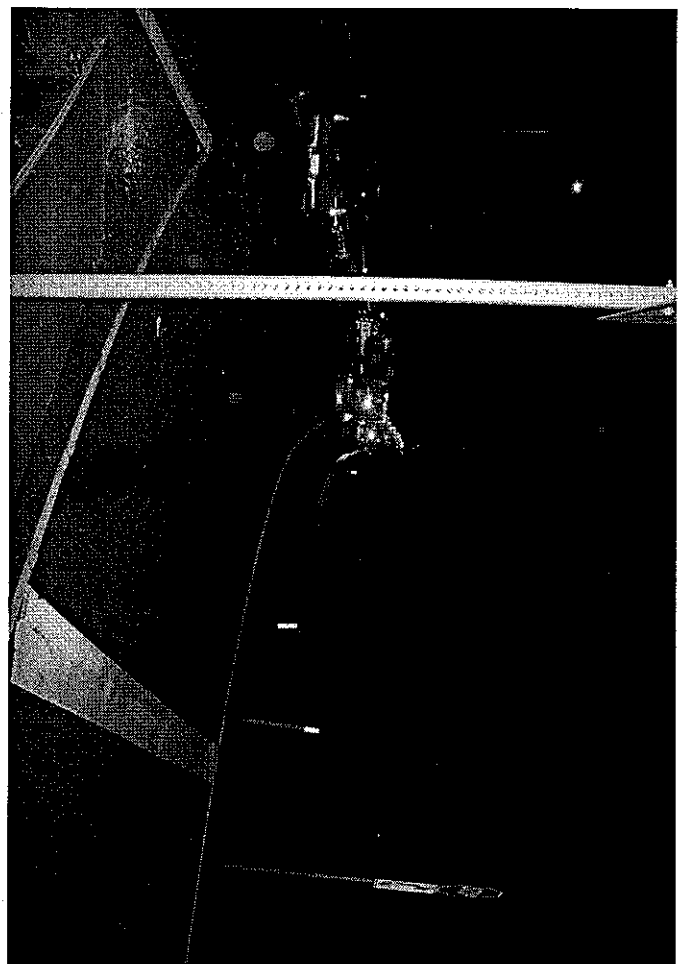
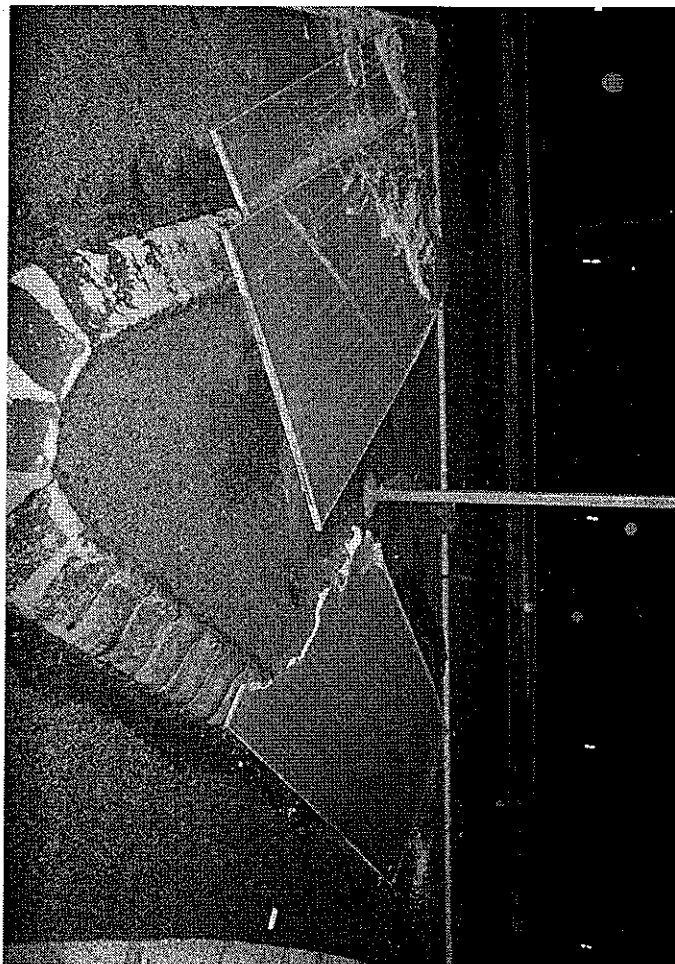
-TRANSPORTED-

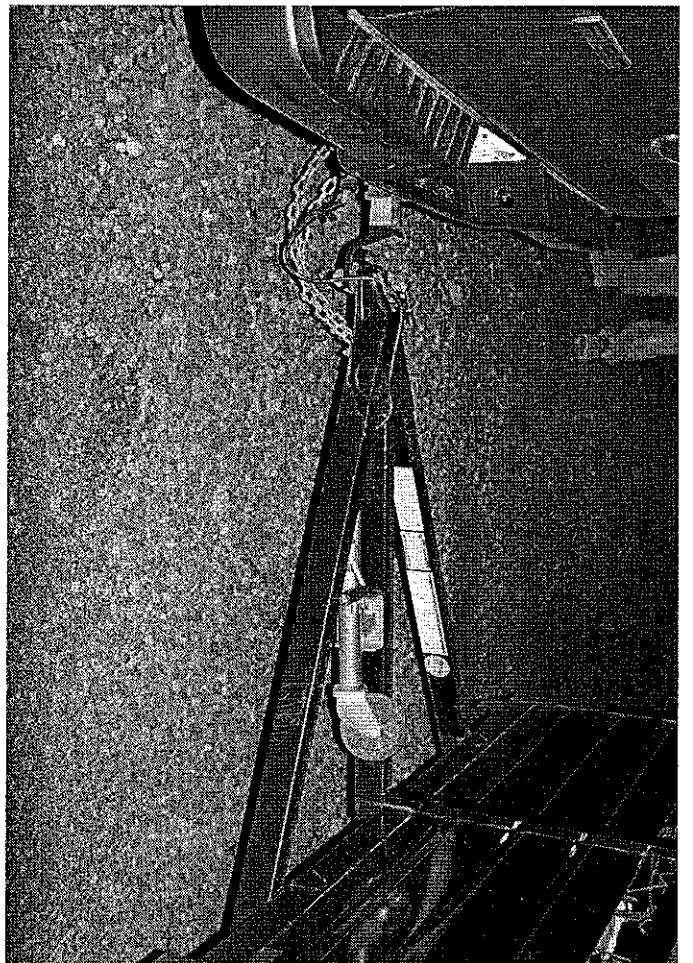
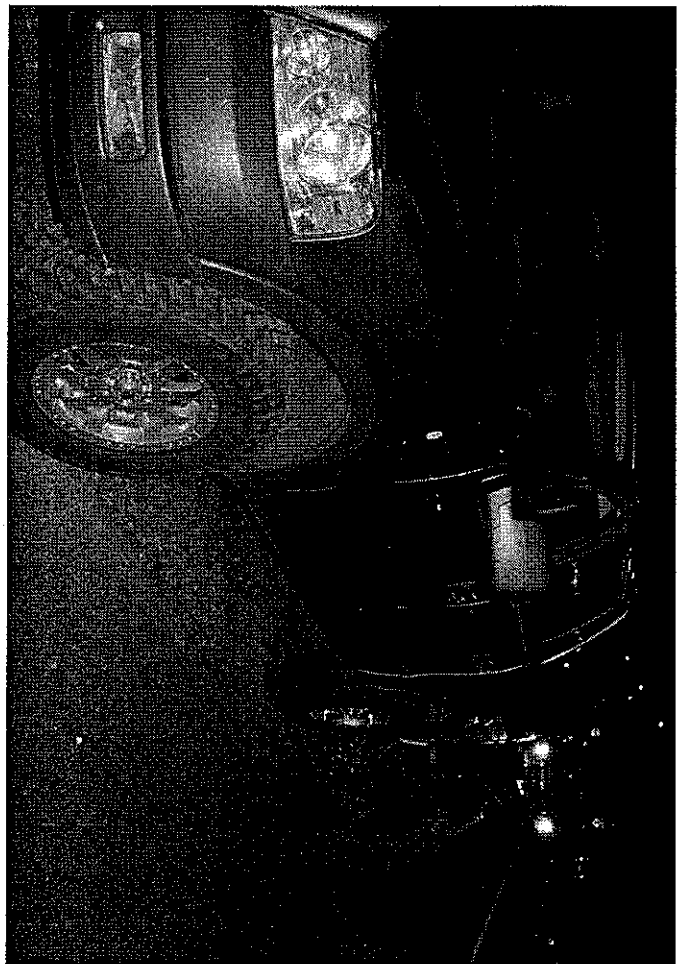
SUPERVISOR

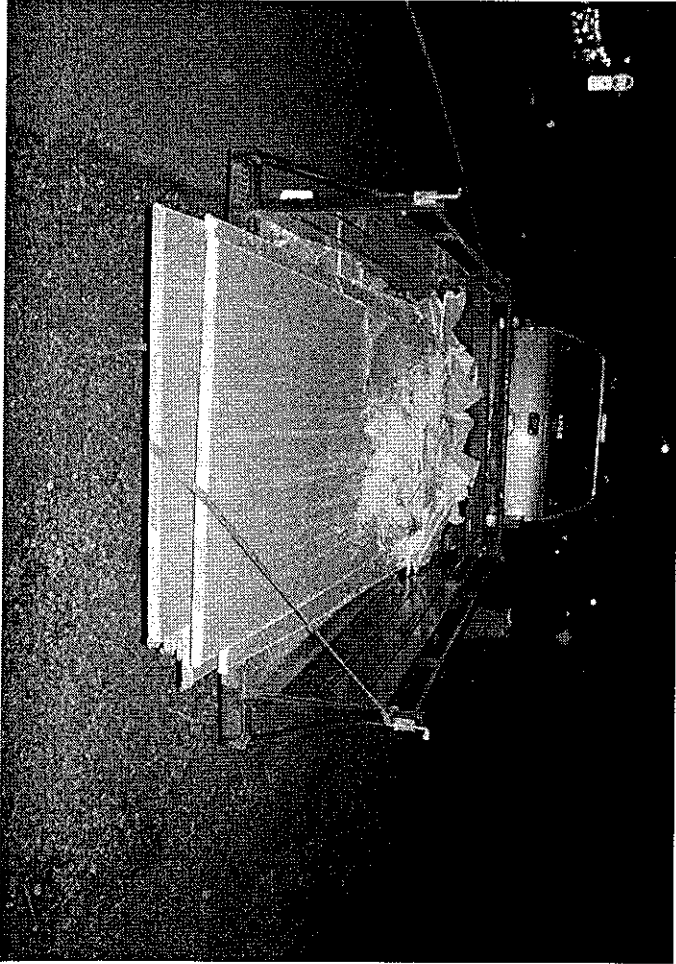
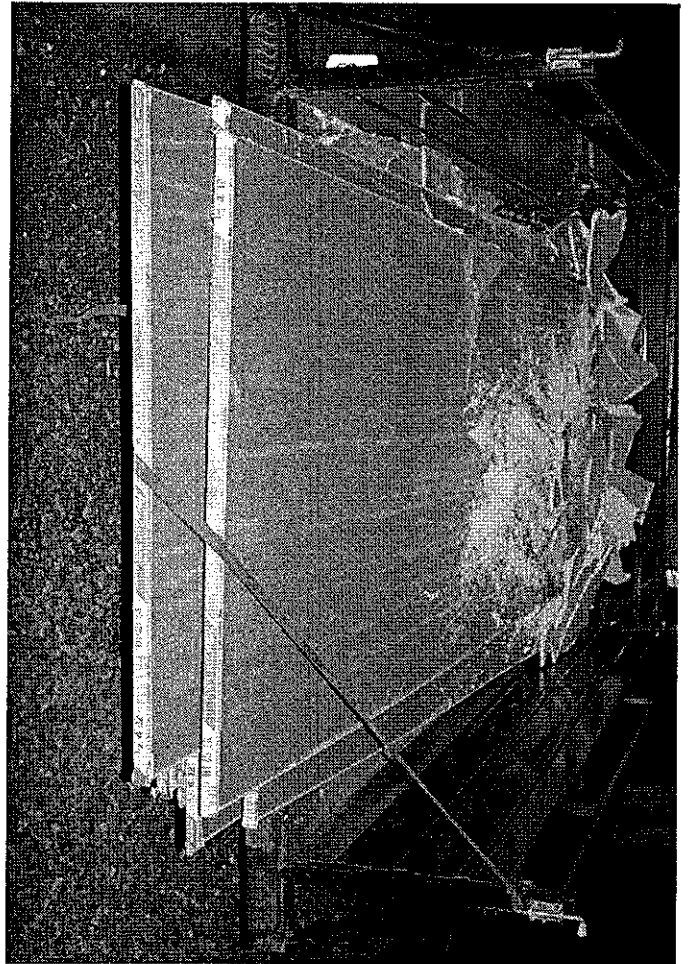
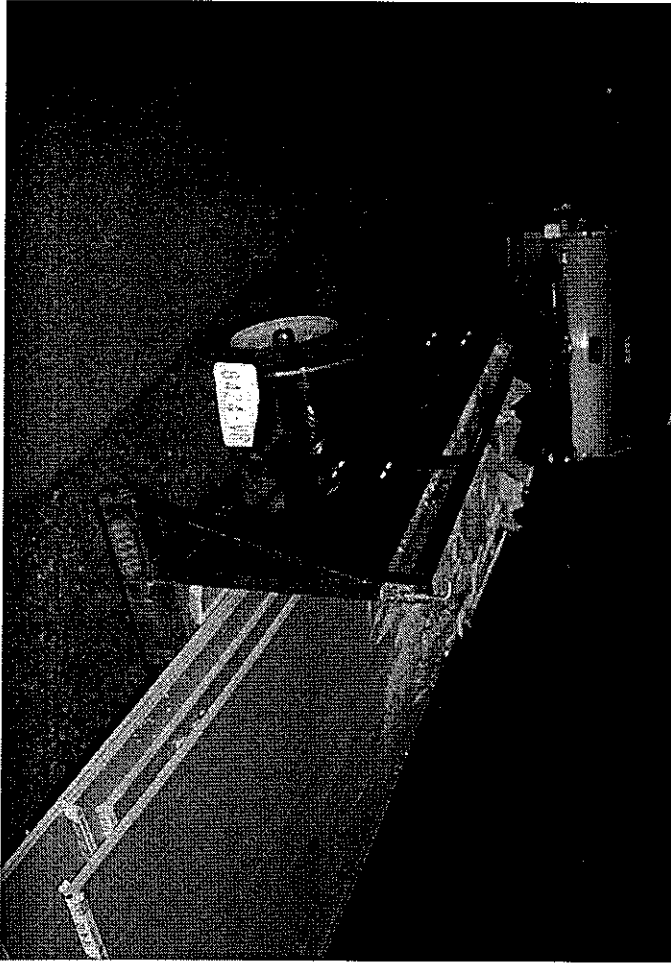
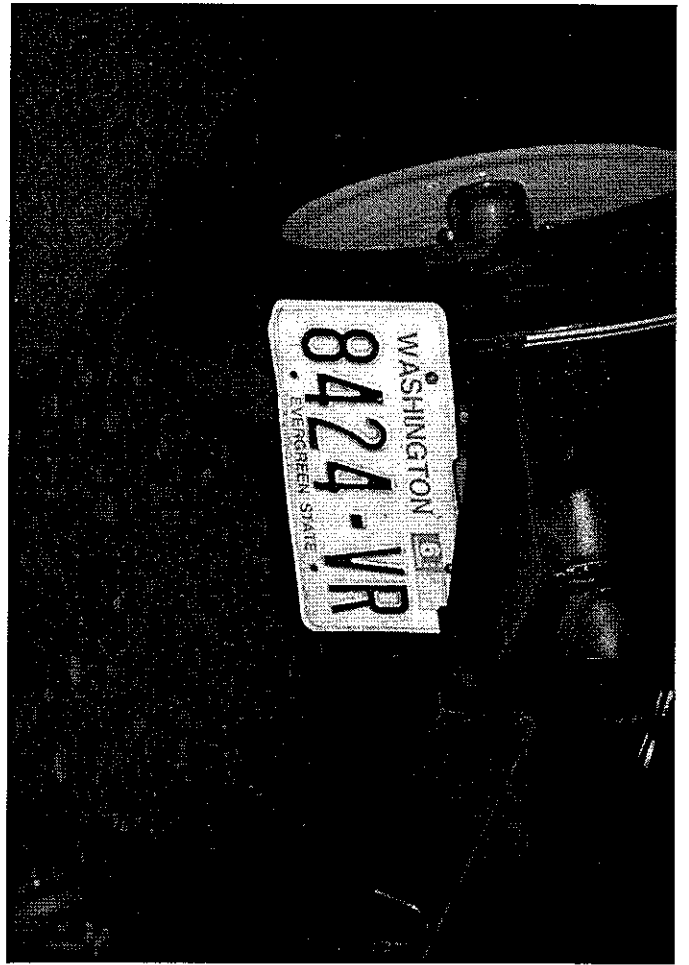


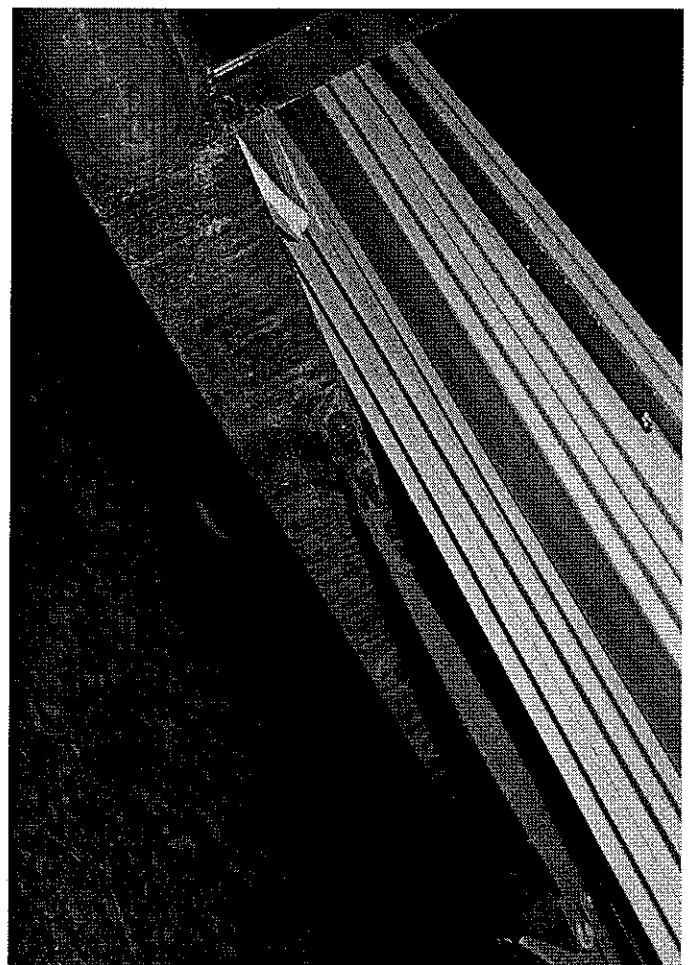
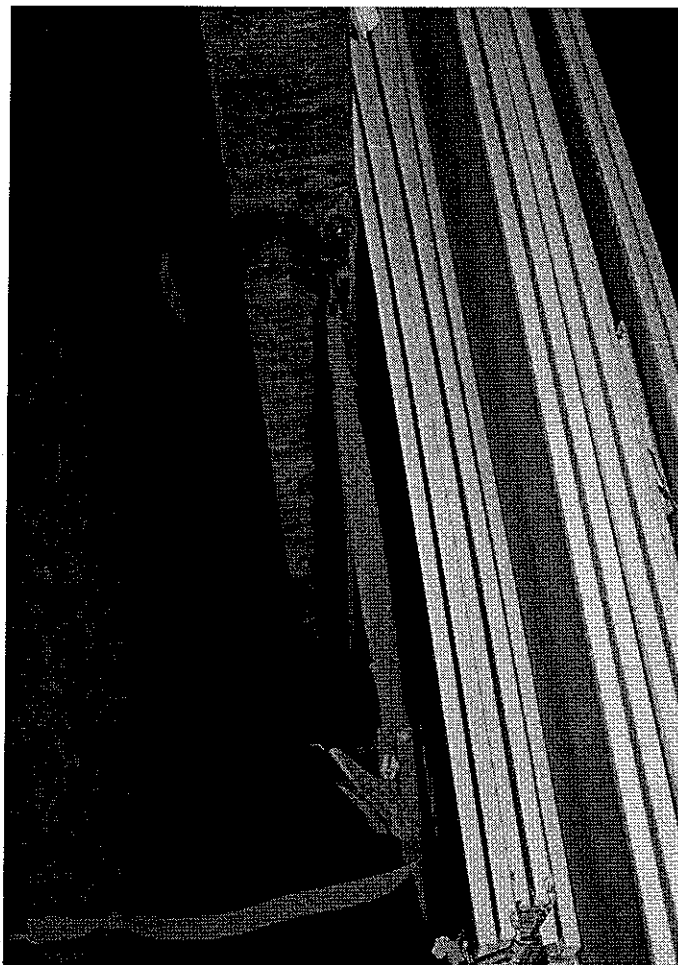
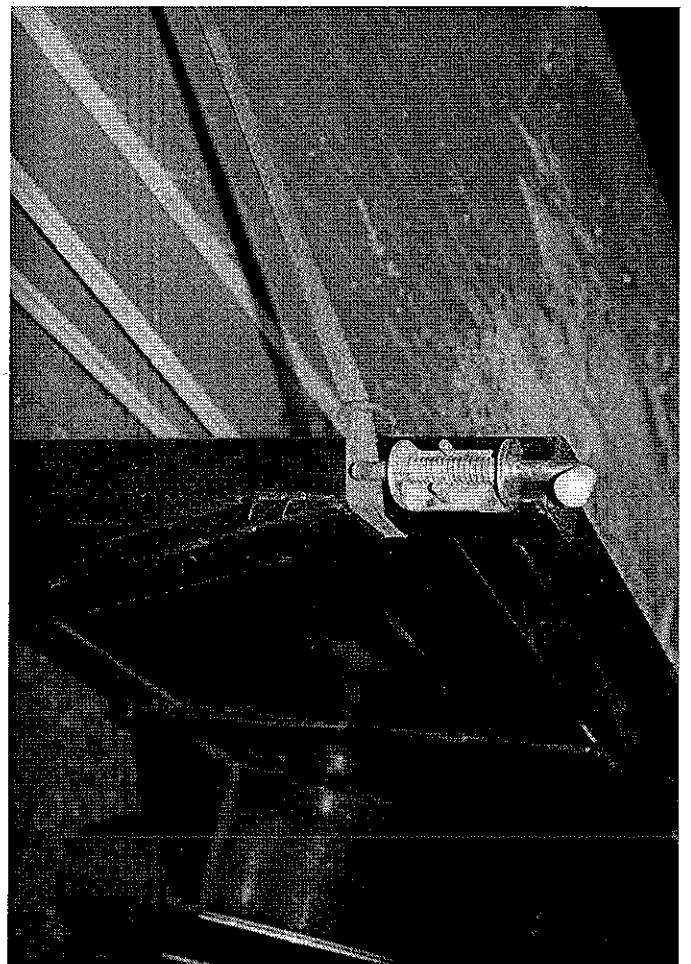
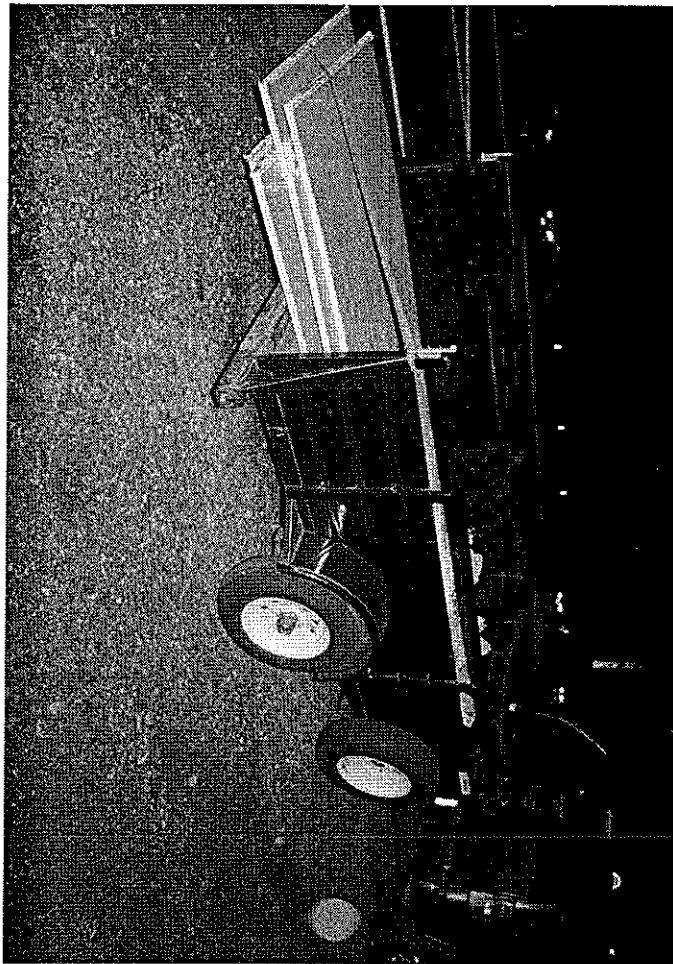


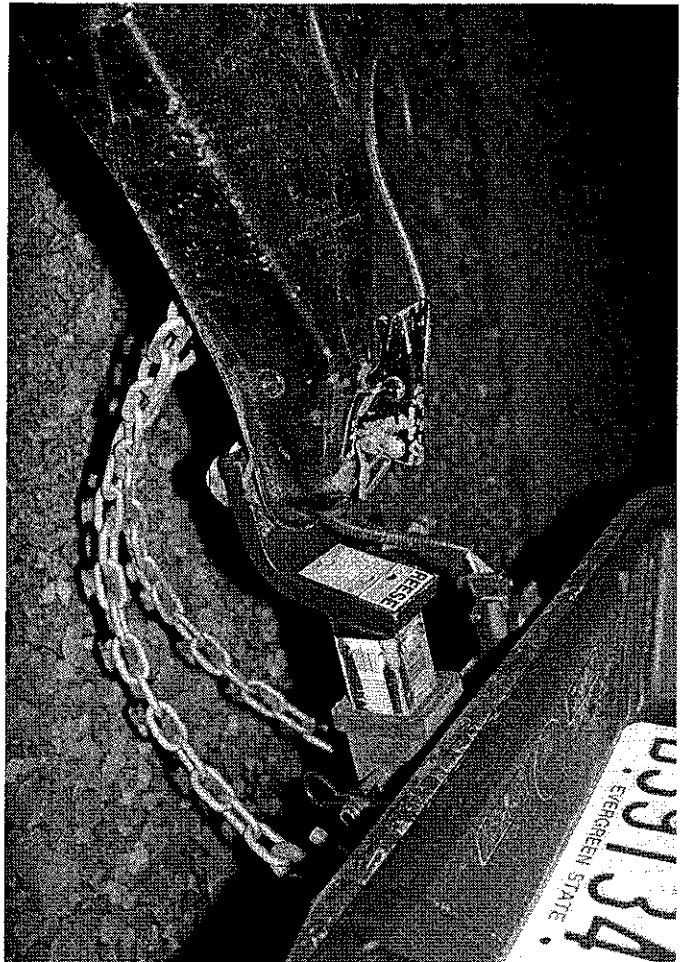
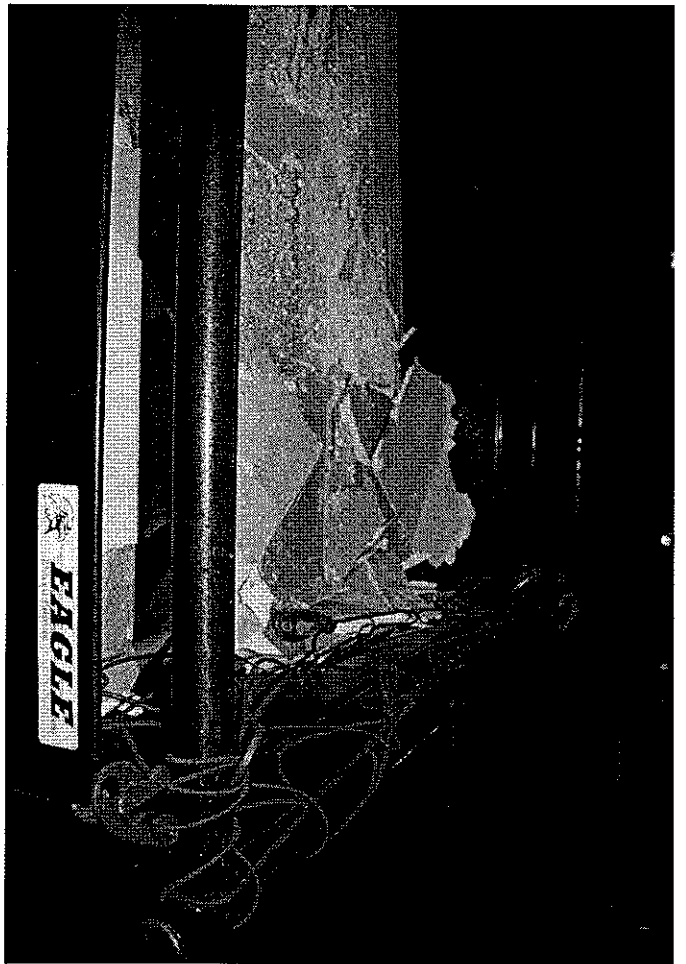


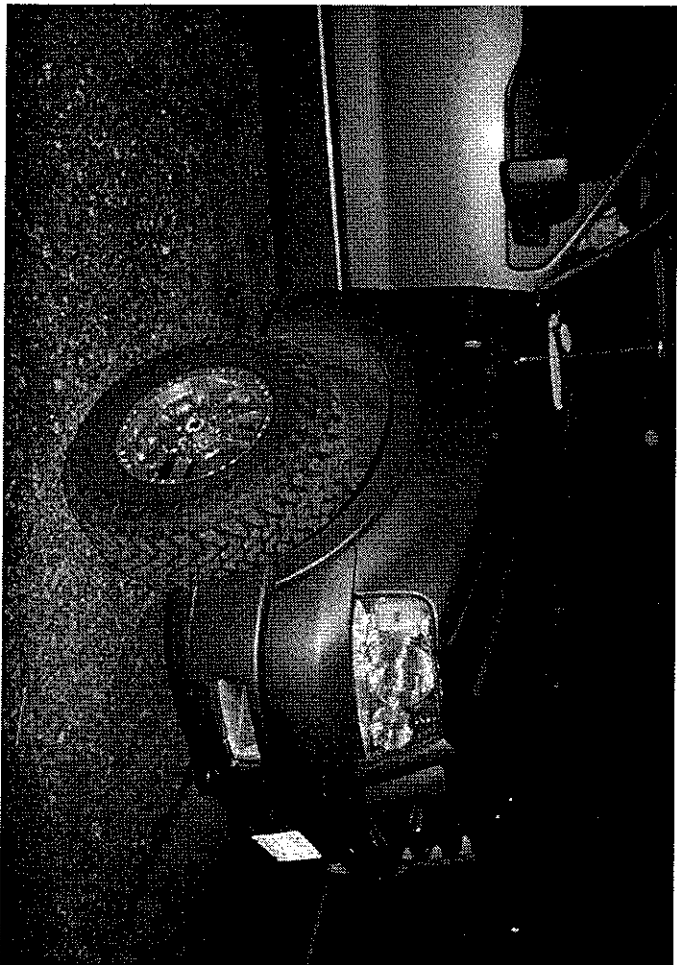
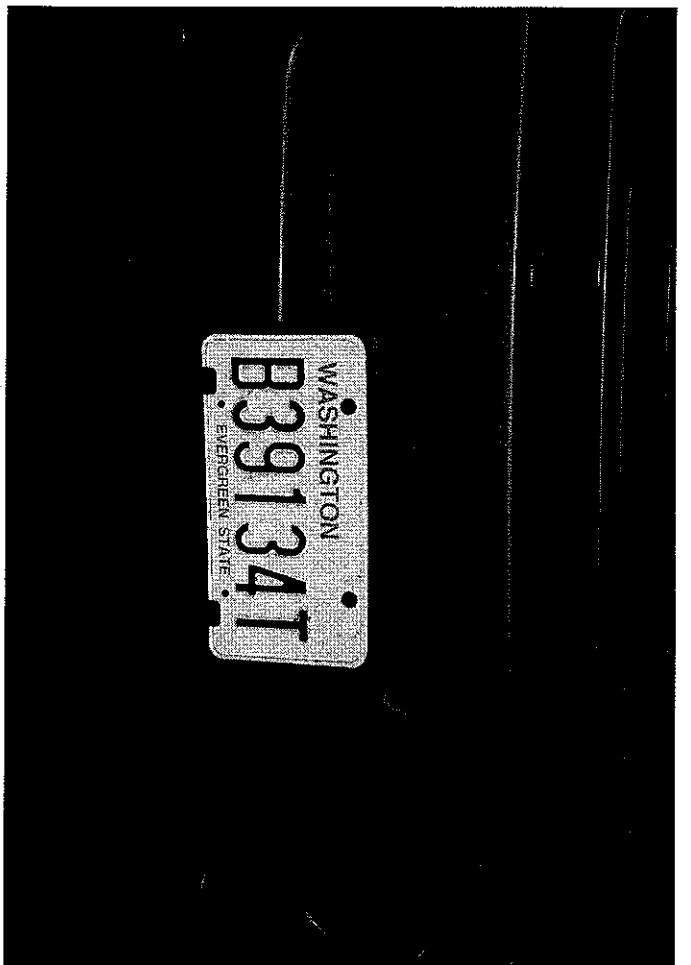
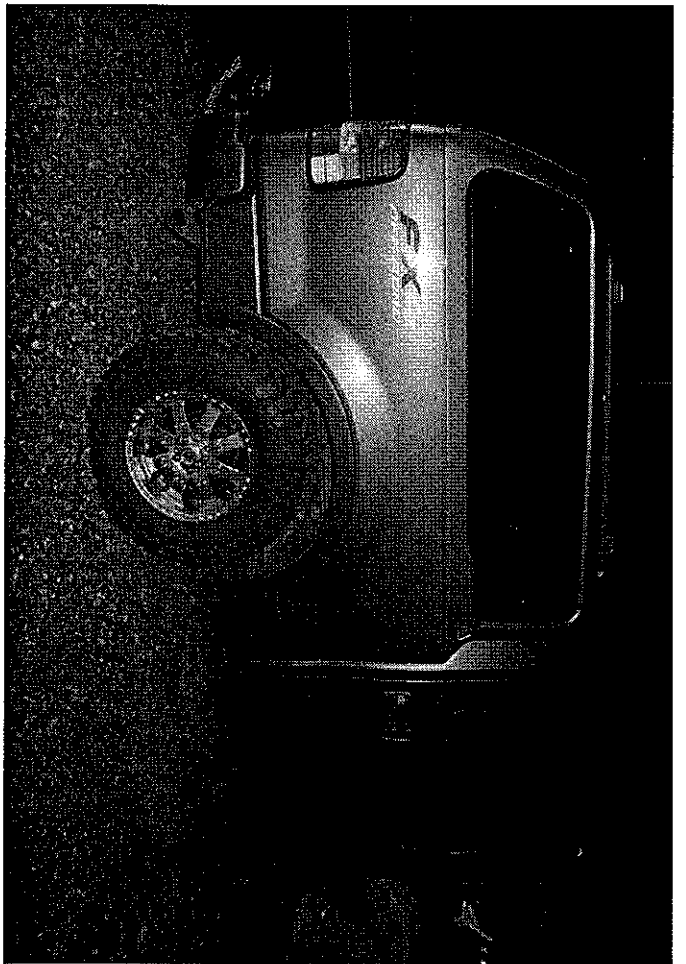


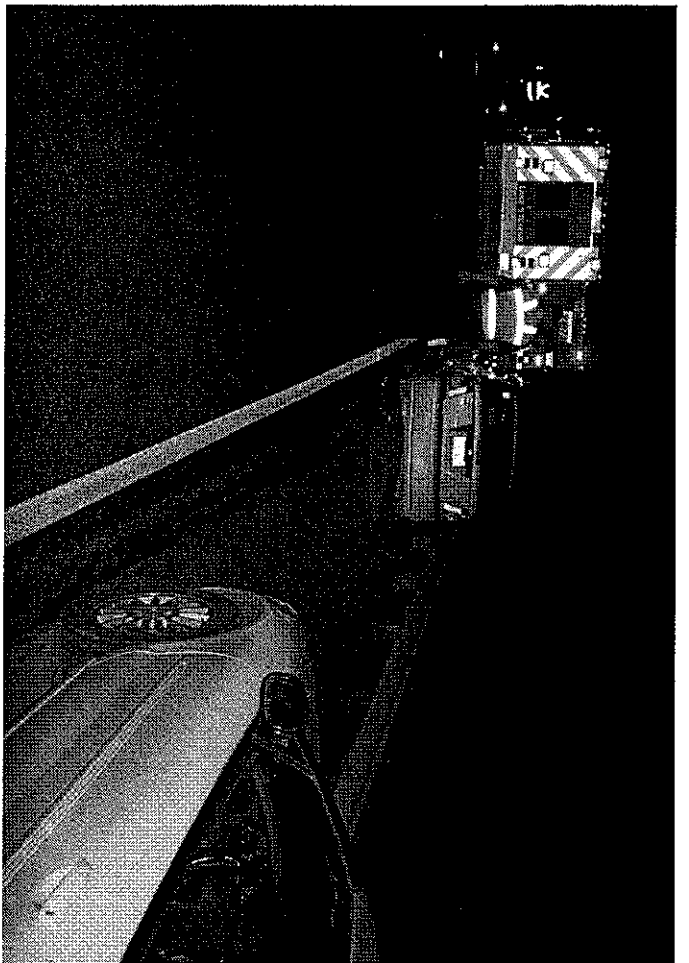
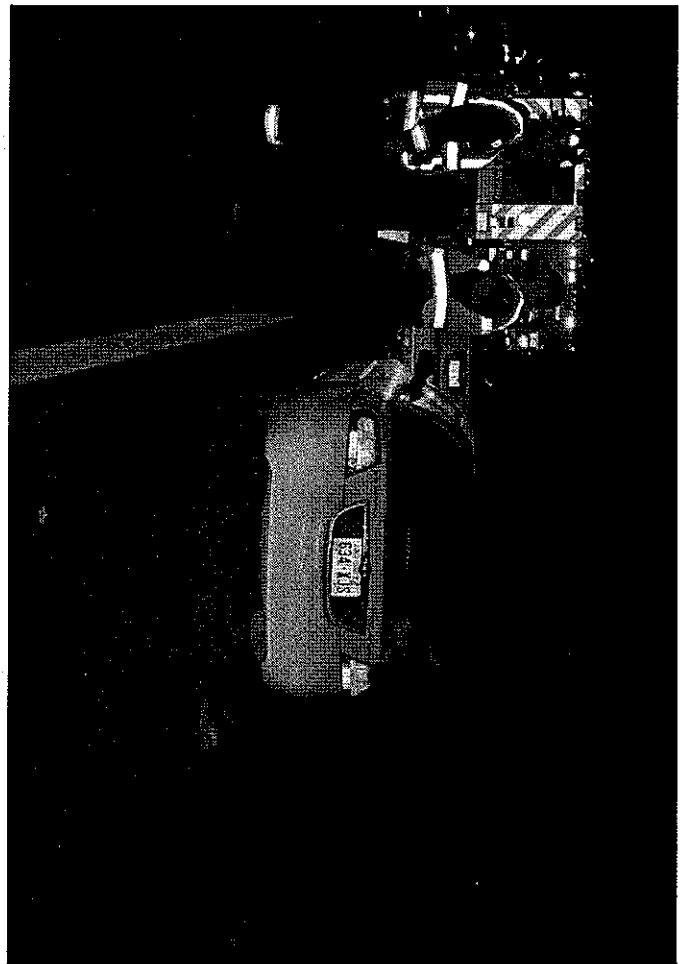
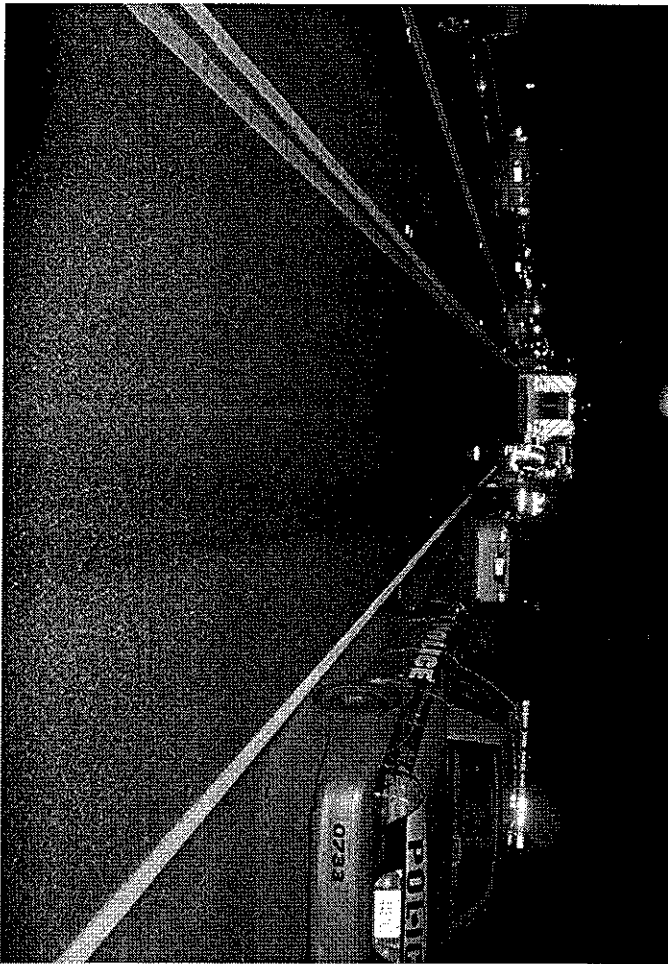


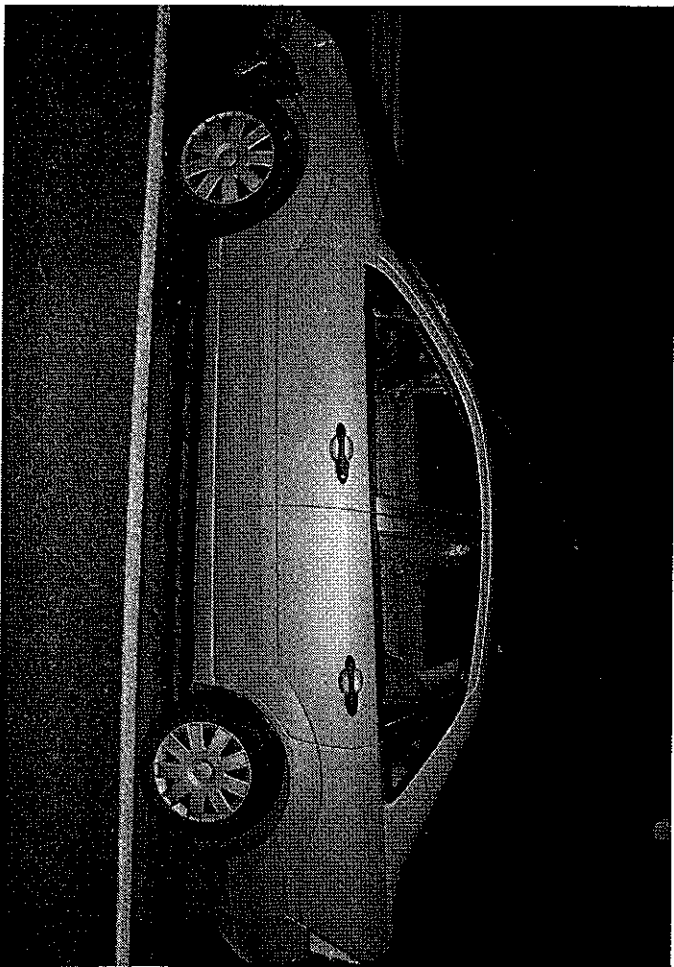
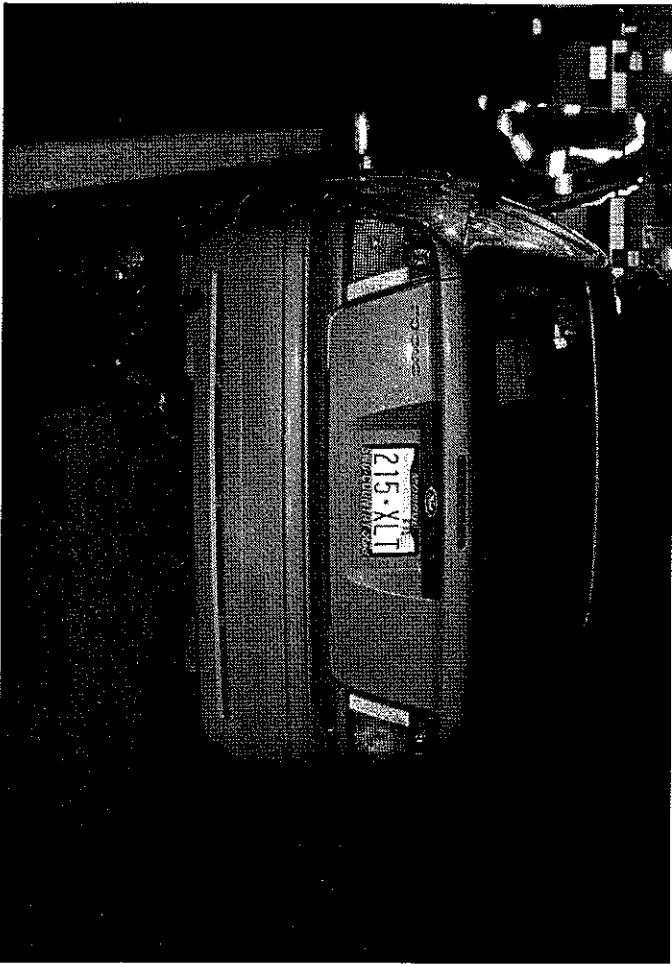
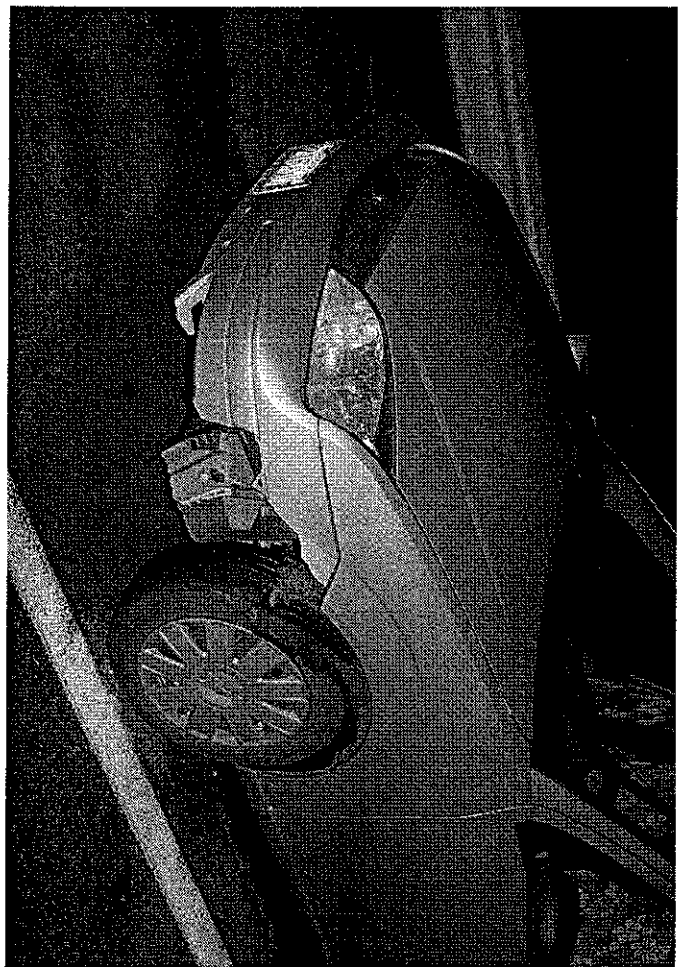
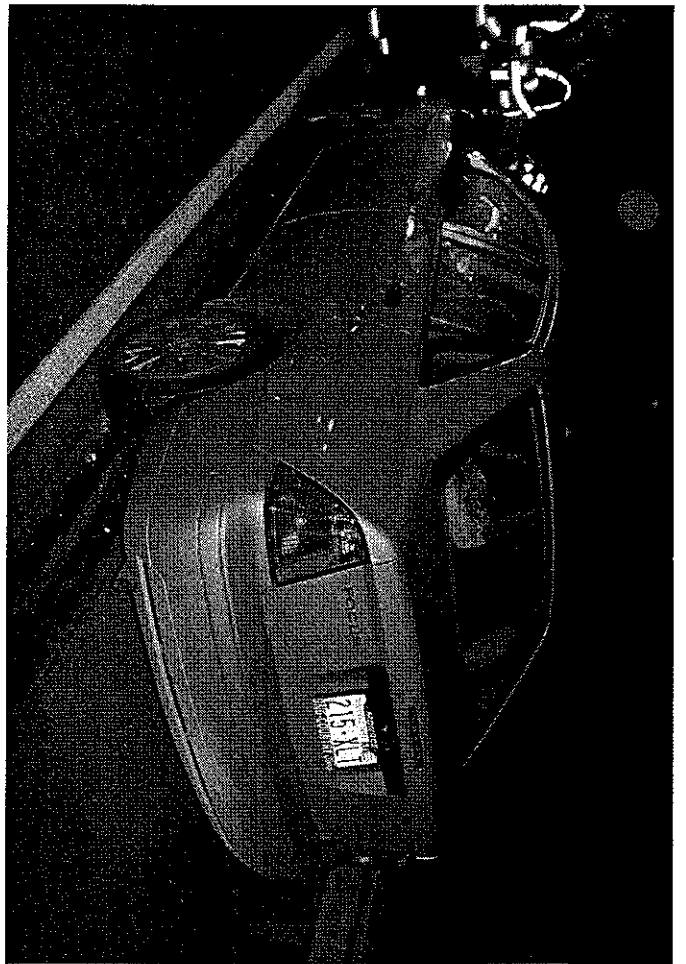


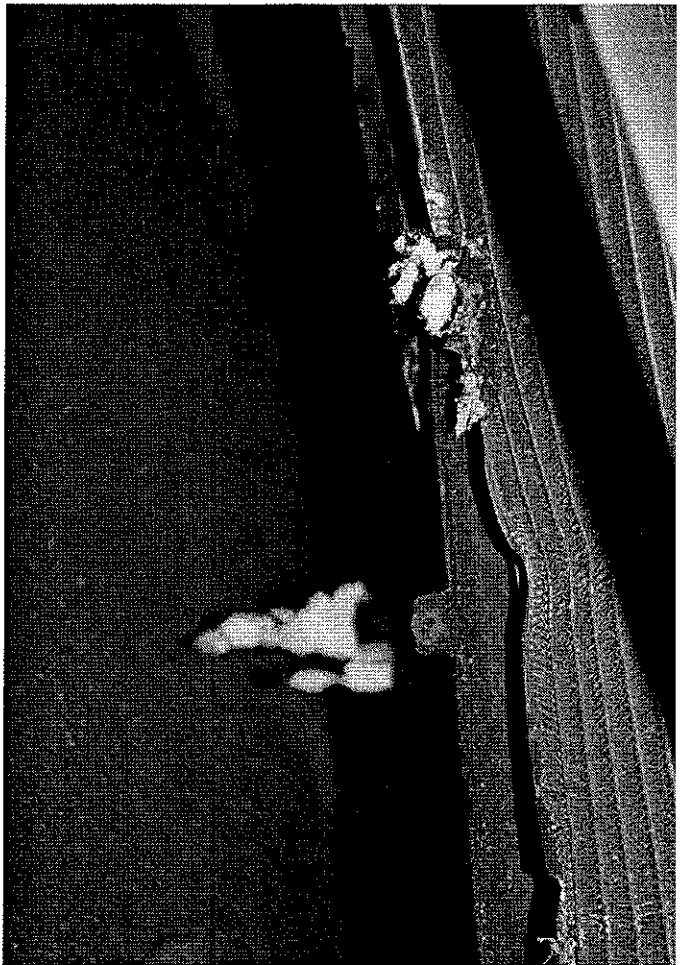
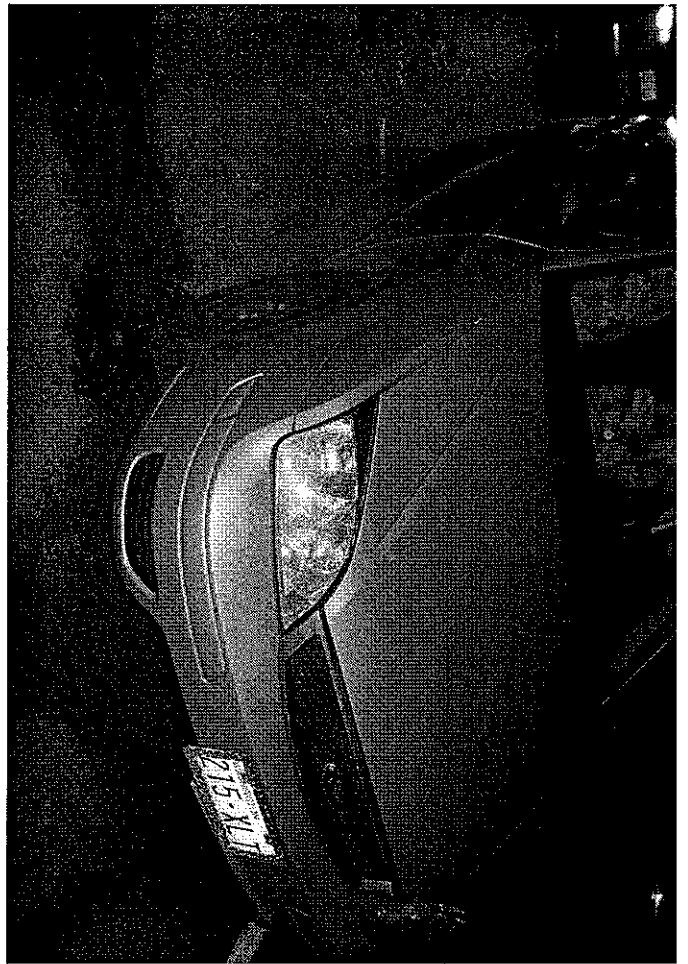


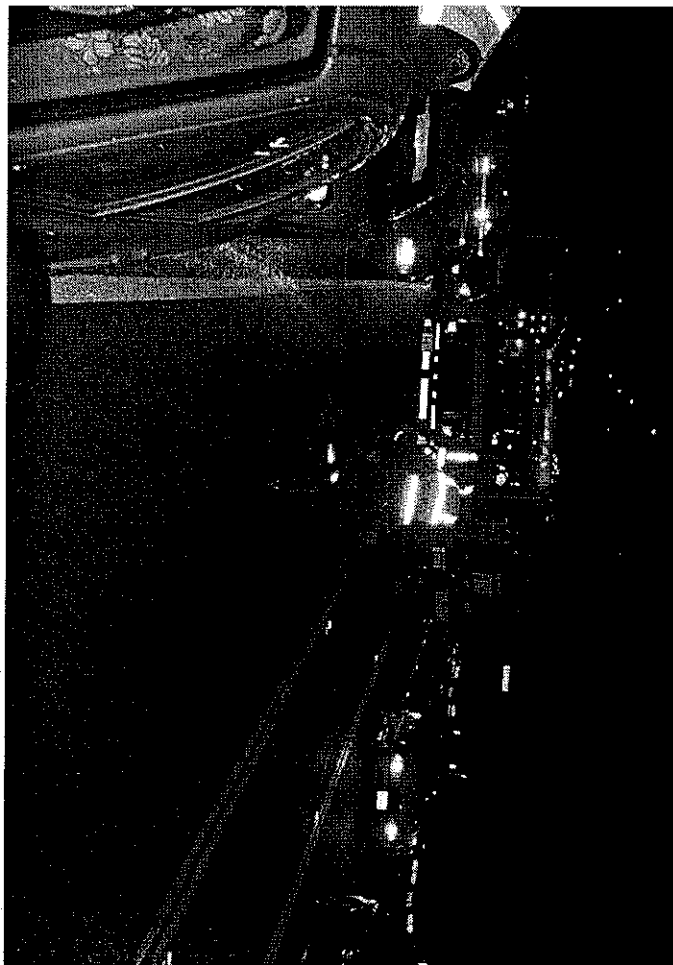
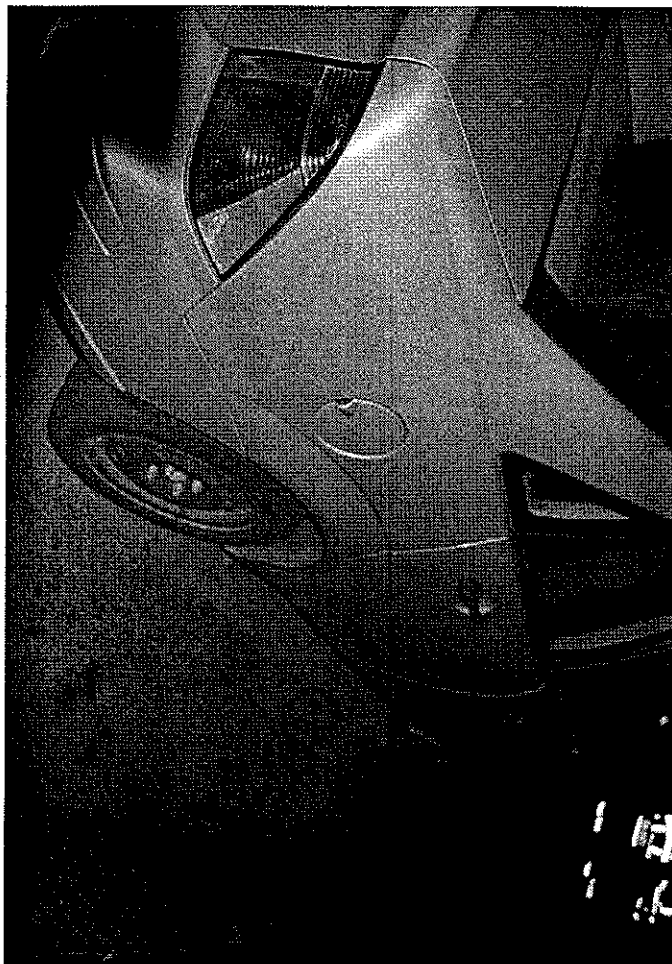












LSPD
ORIGINAL

Incident History for: #SS14002975 Xref: #S014025481 #AG14000483

Case Numbers: \$SS14000374

Entered 02/14/14 17:26:32 BY SPCT07 SP0251
Dispatched 02/14/14 17:27:10 BY SPDP17 SP0274
Enroute 02/14/14 17:27:10
Onscene 02/14/14 17:29:28
Closed 02/14/14 18:17:36

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS003 Fire BLK: AG1318 Map Page: 397E-4 Group: SS1 Beat: SOUT

Src: T

Loc: S LAKE STEVENS RD/SR 9 SE ,LKS (V)

Loc Info: ON SR 9

Name: DAVIS, WILAMENA

Addr: CELL

Phone: 3560348022

/1726 (SP0251) ENTRY AC 1 VEH OFF THE RD, UNK INJ , ROLLOVER NON BLKI
NG, FORD FOCUS
/1727 CROSS #AG14000483
/1727 (SP0274) AGCADV , BOLO
/1727 DISPER 19D1 #SS104 LAMBIER, OFFICER (JEFF)
/1727 ASSTER 19S11 [S LAKE STEVENS RD/SR 9 SE ,LKS]
#SS71 VALVICK, SGT (CRAIG)
/1726? (SP0380) SUPP LOCI: SB,
PHO: 4255017042,
TXT: NON INJ - NON BLKING - LOAD OF DRYWALL LOST
OFF ANOTHER VEH STRUCK A WHI PC
/1727 (SP0274) ASSTER 3G9 #C1306 GILJE, K. MPD DIVER
/1727 (SP0380) SUPP NAM: MULLIGAN, VERONICA,
PHO: 4255017042
/1728 (SP0274) ASSTER 19S13 [S LAKE STEVENS RD/SR 9 SE ,LKS]
#SS95 MINER, SGT (ROBERT)
/1728 \$PREMPT 3G9
/1728 CROSS #S014025481
/1728 ASSTER 3G9 [S LAKE STEVENS RD/SR 9 SE ,LKS]
#C1306 GILJE, K. MPD DIVER
/1728 \$CROSS #SS14002976
/1728 DUP #SS14002976
/1728 DUP NAM: ROSBAUCH, SHELLLEN
PHO: 4253272904
/1729 ONSCNE 3G9
/1730 MISC 3G9 , NO ROLLOVER, VEH STUCK SHEETROCK
/1731 SUPP TXT: NO INJS, TRYING TO GET FUTHER
/1731 ONSCNE 19D1
/1733 SUPP TXT: 1 FEM, 60S, CABN, SITTING IN VEH, SAYS SHE
CANT MOVE
/1733 ASSTER 19D2 [S LAKE STEVENS RD/SR 9 SE ,LKS]
#SS116 NELSON, DET (FRANKIE)
/1735 (SP0331) ONSCNE 19S13
/1736 (SS71) *ONSCNE 19S11
/1739 (SP0331) ASSTER 19N1 [S LAKE STEVENS RD/SR 9 SE ,LKS]
#SS72 AUKERMAN, OFFICER (WAYNE)
/1739 ASSTER 19N2 [S LAKE STEVENS RD/SR 9 SE ,LKS]
#SS115 THOR, OFFICER (ANDREW)
/1740 (SS116) *ONSCNE 19D2
/1742 (SS72) REMINQ 19N1 MDTVEH, 025MLL, , WA, , , , , , , , , , ,
/1744 (SP0331) CLEAR 3G9
/1748 ASNCAS 19S13 \$SS14000374
/1750 (SS72) *ONSCNE 19N1

/1754	(SS95)	REMINQ	19S13	MDTWANT, , , , , WA, FERKINGSTAD, , , , , , , , , ,
/1754		REMINQ	19S13	MDTWANT, FERKINGSTAD, MATHEW, B, 032383, , , WA, , , , , ,
				, , , , ,
/1756		REMINQ	19S13	MDTVEH, B39134T, , WA, , , , , , , , , ,
/1756	(*****)	REMINQ	19D2	215XLT
/1756	(SP0274)	REMINQ	19D2	LIC, 19D2, 215XLT, , ,
/1757	(SS95)	REMINQ	19S13	MDTVEH, 8424VR, , WA, , , , , , , , , ,
/1757	(*****)	REMINQ	19D2	JEFFERSON. DENICE. R. 04241957..
/1757	(SP0274)	REMINQ	19D2	NAME, 19D2, JEFFERSON, DENICE, R, 04241957, ,
/1758		ROTREQ	19D2	TOW 5745 LKS RESCUE TOWING
				4253345821
/1759		MISC	19D2	, RESCUE TOWING
/1759		ONSCNE	19N2	
/1800	(SS115)	REMINQ	19N2	MDTVEH, 215XLT, , WA, , , , , , , , , ,
/1808	(SP0274)	MISC	19N2	, TOW OS
/1813		\$PREMPT	19N1	
/1813		\$PREMPT	19D1	
/1817		CLEAR	19S13	D/H
/1817		CLEAR	19N2	D/H
/1817		CLEAR	19D2	D/H
/1817		CLEAR	19S11	
/1817		CLOSE	19S11	